



EDUCATIONAL SERVICE CENTER
of Lorain County

AUTHORIZED AGREEMENT FOR DIRECT DEPOSIT

NAME _____

ADDRESS _____

CITY _____

I hereby authorize ESC of Lorain County to initiate credit entries and to initiate, if necessary, debit entries & adjustments for any credit entries in error to my account

checking amount or % _____

savings amount or % _____

BANK NAME _____

TRANSIT/ABA # _____ ACCOUNT NO. _____

Use if you'd like your deposit split and if you're depositing into different banks

checking amount or % _____

savings amount or % _____

BANK NAME _____

TRANSIT/ABA # _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until my employer has received written notification from me of its termination five (5) business days before the date of the next scheduled credit.

SIGNATURE _____

DATE _____